

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 157a

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Winkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francis B. Ray
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Nov. 17-1929
Month Day Year

8. FATHER Full name Francis B. Ray9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Lower Mex.
(State or country)13. Occupation Laborer
Nature of Industry14. MOTHER Full maiden name Victoria Valdez15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.16. Color or race Mex 17. Age at last birthday 26 (Years)18. Birthplace (city or state) Tucson, Ariz
(State or country)19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 1
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born 150A on the date above stated.
(If stillborn, state cause)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Address Hayden Ariz
Month, day, yearFiled Dec 5 1929 P. J. Luther
19 _____ Registrar.

Registrar.

628-1117-559